

I. PROJECT TITLE AND PROJECT PURPOSE STATEMENT

Caffee, Caffee and Associates Public Health Foundation, Inc.'s Hattiesburg AIR (Asthma episode Reduction) project will serve as a replicable model program for creating behavioral change that benefits the environment by providing education through integration and partnership. We will collaborate with long-standing community entities, including the American Lung Association (ALA), the City of Hattiesburg, the Forrest County Board of Supervisors, local beauty salons and barber shops, the Hattiesburg City and Forrest County School Districts, our ten local neighborhood associations, The University of Southern Mississippi, community based organizations, and churches. Many of these partners will serve in the capacity of assisting with recruitment and outreach to connect us with our targeted institutions.

As a level one Community Action for a Renewed Environment (CARE) grantee we have worked with the Greater Hattiesburg area to identify the top environmental priorities. The top priority was addressing the health and wellbeing of our vulnerable residents (i.e. women, children and the elderly) and the air quality in our communities. Because Asthma is impacted by these priority components and worsened by environmental factors such as mold, hazardous chemicals and environmental tobacco smoke, it was determined that this health hazard should be addressed through future funding. Accordingly, we propose the following programmatic activities: (1) Enhance and greatly expand the current asthma coalition in the Greater Hattiesburg Area. The coalition has been in existence since 2005, however, it lacks in vitality, man power and participation. Meetings are often canceled due to the lack of attendance. (2) In collaboration with the ALA we will develop a toolkit for schools that provides clear directives for compliance with the statewide asthma policy and increasing children's health. Interpretation and implementation has long been an issue with the success of these policies and we want to alleviate the confusion and facilitate better outcomes among our children. (3) Utilize the Environmental Protection Agency's Asthma Resources and Materials to increase public awareness, knowledge and behavioral change among African American Cosmetologist and Barbers in reducing waste, pollution and human health threats of beauty/barber shop products most commonly used in ethnic hair. Through this initiative we will not only reach our target audience of children, women and the elderly, but we will also reach a large portion of the general populous. We will provide our partners with the skills and tools necessary to make informed decisions and take responsible actions.

Our goals/objectives are to:

- **Goal 1:** Increase the capacity and outreach activities of the Asthma Coalition in the Greater Hattiesburg area. ***Objective 1** – By September 30, 2015 solicit at least 25 new members from the Greater Hattiesburg area to join and actively participate in the Asthma Coalition. **Objective 2** – By September 30, 2016 host at least one "I Love Lungs" event with at least 75 participants to increase awareness regarding environmental conditions/hazards and lung diseases and disorders.*
- **Goal 2:** Increase the number of schools in compliance with the State of Mississippi's statewide asthma policies. ***Objective** - By September 30, 2016, at least ten schools in the Hattiesburg and Forrest County School Districts will comply with The Asthma Bill by enforcing the following legislative mandates: (1) all asthmatic students will have an action plan on file, (2) asthmatic students will be allowed to carry and administer their asthma medications (3) at least one staff member will participate in an asthma education*

training, and (4) assess the campus and cleaning processes to identify possible asthma triggers.

- **Goal 3:** Increase the number of beauty and barber shops utilizing healthier human and environmental products and practices. **Objective** - *By September 30, 2016 at least ten beauty or barber shops in the Greater Hattiesburg area will demonstrate an increased understanding of hazard chemicals, waste, products and/or practices as evidenced by making at least three behavior modifications to reduce exposure, choose reusable products, recycle and/or proper disposal of non-recyclable debris.*

The federal environmental statutes addressed by this proposal are (1) Clean Air Act and (2) Toxic Substances Control Act. Our target population will be reached through expanding the Hattiesburg Asthma Coalition, providing education and toolkits to the schools and beauty/barber shops and hosting two community wide events. Our target audience in the Hattiesburg area is predominantly African American, low income and poverty stricken. From this population base, we will engage an additional 25 individuals in the asthma coalition, host an “I Love Lungs” event with at least 75 people, and provide education to at least ten school officials/nurses and teachers with a combined student population of at least 5,000 and ten cosmetology/barber shops with a combined clientele base of at least 500 individuals. This approach enables us to reach a variety of audiences through formal and informal place-based and community settings.

II. ENVIRONMENTAL/PUBLIC HEALTH INFORMATION ON THE AFFECTED COMMUNITY

The affected community for this project will be African American and low-income children and adults in the Greater Hattiesburg, MS area being reached through school and community based settings. We understand the necessity of utilizing education to motivate people to a point of contemplation as opposed to simply telling them what changes to make. As a public health agency that works in the community, with the community and for the community, we experience the blight of our neighborhoods each day. Among the major contributors to asthma in this area are “triggers” such as indoor pollutants and toxic substances. Understanding these nuances and working with our target entities to make a conscious effort to modify unhealthy practices and creating a plan to address asthmatic occurrences is key to increasing health outcomes, especially in minority and underserved populations. Our program seeks to address environmental triggers and preparedness for asthmatic episodes in school based settings and reducing African American’s exposure to toxins and carcinogenic chemicals in hair care products and parlors.

Addressing Asthma and Environmental Triggers in School Settings: The Mississippi legislature passed The Asthma Bill in 2009 with an effective implementation and enforcement date of 2010. The bill required that all asthmatic students have an Asthma Action Plan on file at their school and be able to carry and administer their own asthma medications (as age appropriate). Additionally, the schools were mandated to provide comprehensive asthma management training for all school staff, as well as requiring school nurses to attend certified asthma educator training. Coaches and physical education (PE) teachers were also required to attend specialized training. The schools were encouraged to take an active role in assessing risks and implementing improvement plans for issues that may trigger or aggravate asthma, such as indoor air quality; exposure to hazardous substances, pesticides, and cleaning products; and the diesel exhaust fumes from idling school buses as well. **However**, this policy has been plagued with a lack of appropriate implementation and compliance. Left to the liberal interpretation of the schools, it has been rendered ineffective. Many asthmatic children still do not have an action

plan on file or are not allowed the privilege of carrying and administering asthma medications when needed. Likewise, few improvements have been made with the Hattiesburg area schools to reduce asthma triggers.

According to the Mississippi State Asthma Action Plan 2011-2015, “The epidemic of Asthma has become one of the most critical public health threats for Mississippi.” The Mississippi State Department of Health also reports that:

- School settings can expose children to asthma triggers including mold, cockroaches, and dust. Children with asthma miss on average **twice as many** days of school than other students, and more school days missed means lower academic performance. Students who have asthma can lead high-quality, productive lives by following a medical management plan and avoiding unnecessary contact with environmental triggers through the following methodology.
- Identify, avoid and remove asthma triggers at home and at school.
- Asthma action plans help patients better control their asthma. Doctors, families, and children should work together to create a plan based on individual triggers, medications, and warning signs, and make sure that schools have them on file.
- Educate teachers, administrators, and policy makers about asthma.

The Hattiesburg and Forrest County schools, although mandated to do such, are lacking in all of these areas with our youth, especially minority, African American and low income students, continuing to suffer the consequences. Ethnic difference in asthma prevalence, morbidity and mortality is reported as being directly correlated with poverty, *air quality* and education levels. We have an African American population of 83% with a median household income of \$20,408 and median per capita income of only \$10,778. Devastatingly, 42% of families fall below the poverty line with woman-headed households comprising 54%. These characteristics are indicative of higher rates of poverty which in turn creates a greater likelihood to being affected than other communities. According to the 2009 Mississippi Asthma Mortality Review, “Studies have shown higher asthma mortality rates among African Americans, low-income populations, and populations with low education levels. Reasons for these differences may include differential access to care, *exposure to environmental factors*, innate differences in immune function, and *increased exposure to allergens and infections*.” The report continues to explain that “African Americans have a higher prevalence of current asthma among children (age 0-17 years) and adults (age ≥ 18 years) (15.7% and 10.1%, respectively) as compared to white children and adults (7.8% and 8.7%, respectively) African Americans are three times more likely to be hospitalized for asthma... and are two times more likely to die of asthma... than whites. In Mississippi, current asthma prevalence in 2008 was higher among African-American children compared to white children of the same age (14.2% vs. 7.2%, $P < 0.05$).” The CDC’s National Asthma Control Program published statistics for Asthma in Mississippi showing the age-adjusted asthma mortality rate by race in 2007 was 24.3 for African Americans compared to only 5.6% for Whites.

Controlling indoor pollution/conditions (i.e. mold, mildew, chemical sprays and environmental tobaccos smoke) is one of the best methods for decreasing Asthma prevalence, morbidity and mortality rates. With proper pharmacologic, behavioral and environmental interventions, asthma is a highly controllable disease. However, to make these strides requires comprehensive education efforts. Asthma is significantly worsened by environmental conditions, such as those

experienced by the old and dilapidated schools in our minority neighborhoods, thereby increasing the “place-based” disparity experienced by these populations. With little chance of these schools being renovated or rebuilt in the near future, it is imperative that the schools implement changes to manage and reduce asthma episodes as outlined in the statewide policy.

Addressing Asthma and Environmental Toxins in Community Based Settings: The Environmental Protection Agency issued a fact sheet discussing the potential health effects of toxic chemicals found in various hair and cosmetic products including lead and paraphenylenediamine in hair dye; sodium hydroxide in relaxers and permanents; formaldehyde in shampoos and bleach; dibutyl phthalates in shampoos and moisturizers; hydantoin in children’s conditioner and detanglers; colorants in makeup and hair products; diethanolamine in shampoos and foaming products; hydroquinone in hair bleaches and skin lighteners; and propylene glycol styling gels, conditioners, shampoos and dyes. Some of these chemicals are considered Endocrine-Disrupting Chemicals. The National Institute of Environmental Health Sciences explains that “endocrine disruptors are chemicals that may interfere with the body’s endocrine system and produce adverse developmental, reproductive, neurological, and immune effects in both humans and wildlife. Endocrine disruptors may be found in many everyday products— including plastic bottles, metal food cans, detergents, flame retardants, food, toys, cosmetics, and pesticides.” Furthermore, a 2012 article in the Environmental Health Perspectives, noted that the endocrine-disrupting chemical, Phthalates is “commonly found in personal care products such as body moisturizers, nail polishes, soaps, hair sprays and perfumes.” One of the most comprehensive publications regarding this issue was published in the Journal of Immigrant Health in June 2012 and found that African American women used products that contained EDCs linked to various reproductive and birth defects, breast cancer and heart disease at an alarming rate.

The Environmental Working Group has also published numerous articles regarding the dangerous levels of toxicity in hair products. In the April 2011 article, Flat Out Risky, they discussed the fact that many of these concoctions were loaded with formaldehyde with salon clients and personnel having experienced severe allergic reactions, massive hair loss, neck and face rashes, blistered scalps and other serious health problems. Their study continued to declare that “15 of 16 companies claim little to no formaldehyde but tests show their products contain substantial amounts” and that “tests of salon air conducted in 2010 found powerful formaldehyde fumes” at levels so substantially high that federal law requires the salon to provide medical monitoring for workers with symptoms, quick-drench showers for immediate use if solution touches skin and emergency eyewash stations. The American Lung Association has also weighed in on formaldehyde exposure by issuing the following statement in October of 2012: “Hair stylists who use keratin hair-smoothing treatments on their client’s hair are at risk for exposure to formaldehyde, a known asthmagen and carcinogen. A summary of recent FDA and OSHA actions warn stylists and consumers about the health hazards associated with straightening hair treatments. Despite claims of being “formaldehyde free” many products have been documented to release formaldehyde to the salon environment.” As far back as 1986 reports have documented the phenomena of occupational asthma in hairdressing salons, noting that occupational asthma among hairdressers has been recognized, even at that point, for some years and cases of work related asthma due to hair bleaches containing persulphates and hair dyes had been reported. From a longstanding history of working with these shops, we know that they are

unaware of the seriousness of these environmental and health hazards and the exposure that they are subjecting themselves and their clients to.

The dire need for targeting and decreasing negative health outcomes among low income minorities is overwhelming. When people, especially children, are dying from an easily controlled disease because of factors that they could control, education is necessary. And the most effective method of minimizing human exposure is through local informal contexts in rural and urban settings using place-based and/or community-focused stewardship activities. The African American community has historically been deemed a hard to reach population. However, this is due in large to culturally inappropriate outreach measures. These communities can only be successfully reached through trusted gatekeepers, i.e. community leaders, churches, schools and local businesses. Utilizing these partners is paramount to our recruitment plan.

A Place-based Approach is also key as we must meet the people where they are. Improving indoor air quality and protecting residents from risks related to toxic chemicals is the greatest tool we have in controlling asthma and lung disease triggers. As previously mentioned, many of our hair stylist are unaware of the short term and long term effects of the chemicals that they are using on a daily basis. We want to both increase their understanding and provide them with viable and economically feasible alternatives while garnering tangible commitments to make lasting changes. Likewise many of our school administrators and leaders do not understand the grave seriousness of having an Asthma Action Plan and necessary anaphylactic medications available to asthmatic children. These institutions have the ability to affect change and influence better health outcomes in a large portion of our target population.

III. ORGANIZATION'S HISTORICAL CONNECTION TO THE AFFECTED COMMUNITY

For the past several years CCA has worked in the Greater Hattiesburg Area to decrease the prevalence of social, environmental and health injustices and disparities. Through our efforts, Hattiesburg now protects its vulnerable and disparate populations through a comprehensive clean indoor air act that prohibits smoking in enclosed public places. We have worked with the various community sectors (worksites, schools, healthcare, community-at-large, and community institution/organization) to assess and document the availability of health resources, opportunities, and access to care/quality care for our target population. In addition, through our CARE Program we conducted a comprehensive environmental scan and collected over 400 community assessments in some of our most disparate and low income neighborhoods to determine the concerns and priorities of the community and which ones could feasibly be addressed with the limited funding available. Residents have voiced that through our efforts they finally feel as if they have a voice in the community.

Additionally, we are the community engagement facilitators for the City of Hattiesburg's Brownfields project. In understanding that it is pivotal to the success of any community outreach project to meaningfully engage the community and treat them fairly, we undertook the task of ensuring that they had an opportunity to participate in decisions affecting their neighborhoods and/or health and that their concerns would be considered and their involvement actively sought. Through these efforts, we have become more than just a name, but rather we are a presence and a face in the community. Our staff live, work, worship and engage in recreational activities in the affected community. We are not *just* connected to the community, we are the community.

IV. PROJECT DESCRIPTION

The following goals will be utilized to address the priorities and issues identified above:

Goal 1: Increase the capacity and outreach activities of the Asthma Coalition in the Greater Hattiesburg area.

Objective - By September 30, 2015 solicit at least 25 new members from the Greater Hattiesburg area to join and actively participate in the Asthma Coalition.

Activity	Timeline	Who's Responsible
1. Strategize with ALA to identify which sectors are not represented on the coalition.	October 1, 2014 – December 31, 2014	- Programmatic Staff - ALA
2. Conduct outreach with programmatic partners to solicit members from the un/underrepresented sectors.	January 1 – March 30, 2015	- Programmatic Staff - Partners
3. Submit public service announcement to local media soliciting new members.	January 1 – March 30, 2015	- Programmatic Staff
4. Schedule meetings/teleconferences with individuals and organizations from needed sectors.	March 1 – May 31, 2015	- Programmatic Staff - Partners
5. Garner commitments from new members to participate in meetings.	July 15 – September 30, 2015	- Programmatic Staff
6. Notify new members of meetings and activities.	Ongoing	- Programmatic Staff - ALA

Objective 2 – By September 30, 2016 host at least one “I Love Lungs” event with at least 75 participants to increase awareness regarding environmental conditions/hazards and lung diseases and disorders.

Activity	Timeline	Who's Responsible
1. Identify partners and volunteers to create and manage the logistics of the “I Love Lungs” event.	October 1, 2015 – December 31, 2015	- Programmatic Staff - Partners
2. Strategize with identified “I Love Lungs” event manager to determine the type and size of event.	January 1 – February 28, 2016	- Programmatic Staff - Partners - Identified Event Manager
3. Register the event with ALA.	March 1- 30, 2016	- Programmatic Staff - Identified Event Manager
4. Connect with the assigned ALA “I Love Lungs” event coordinator. (Once registered ALA will assign a coordinator to assist with the planning and execution of the event.)	March 1 – April 30, 2016	- Programmatic Staff - Identified Event Manager
5. Plan the logistics of the event including solidifying the location, catering, necessary equipment, resources/materials and public notification.	April 1 – June 30, 2016	- Programmatic Staff - Identified Event Manager - ALA Event Coordinator
6. Host the event.	July 1 – August 31, 2016	- Programmatic Staff - Identified Event Manager - ALA Event Coordinator

Goal 2: Increase the number of schools in compliance with statewide asthma policies.

Objective – By September 30, 2016, at least ten schools in the Hattiesburg and Forrest County School Districts will comply with The Asthma Bill by enforcing the following legislative mandates: (1) all asthmatic students will have an action plan on file, (2) asthmatic students will be allowed to carry and administer their asthma medications (3) at least one staff member will

participate in an asthma education training, and (4) assess the campus and cleaning processes to identify possible asthma triggers.

Activity	Timeline	Who's Responsible
1. Work with ALA to create a toolkit with resources and materials for complying with the Statewide Asthma Bill.	October 1, 2014 – December 31, 2014	- Programmatic Staff - ALA
2. Identify all schools in the Hattiesburg and Forrest County Districts and contact each one individually.	October 1, 2014 – December 31, 2014	- Programmatic Staff
3. Schedule an initial introductory meeting to discuss the bill's requirements and the school's compliance status. We understand that some schools may be in partial compliance.	January 1 – March 30, 2015	- Programmatic Staff Partners (<i>who have connections with area school officials</i>) - School Officials
4. Develop an educational presentation that is specific to the individual schools non-compliance and create strategies for compliance.	March 1 – May 31, 2015	- Programmatic Staff - ALA
5. Schedule the educational session to discuss the necessary compliance measures and develop an action plan and timeline to complete measures. Schools will be provided the toolkit at this point as well.	July 15 – September 30, 2015	- Programmatic Staff - School Officials/Representative
6. Implement proposed activities and measures.	October 1, 2015 – May 31, 2016	- Schools - School Officials
7. Provide technical assistance throughout the process.	Ongoing	- Programmatic Staff
8. Reassess compliance at the end of the implementation phase to ensure all measures have been adequately addressed.	March 1 – May 31, 2016	- Programmatic Staff
9. Submit public service announcement to local media recognizing the schools who are now in compliance.	March 1 – May 31, 2016	- Programmatic Staff
10. Collect quantitative and qualitative evaluation of the process.	Ongoing	- Programmatic Staff

Goal 3: Increase the number of beauty and barber shops utilizing healthier human and environmental products and practices.

Objective - By September 30, 2016 at least ten beauty or barber shops will demonstrate an increased understanding of hazardous chemicals, waste, products and/or practices as evidenced by making at least three behavior modifications to reduce exposure, choose reusable products, recycle, and/or properly dispose of non-recyclable waste.

Activity	Timeline	Who's Responsible
1. Create a toolkit and educational presentation template with resources and materials detailing known hazardous chemicals, waste, products and practices in use by beauty and barber shops.	October 1, 2014 – December 31, 2014	- Programmatic Staff - EPA staff, resources and online materials
2. Identify all beauty and barber shops in the Hattiesburg and Forrest County Districts and contact each one individually. We have partnered with several as identified in our MOAs, however, we will	October 1, 2014 – December 31, 2014	- Programmatic Staff - Partners

make the program available to all shops in the area.		
3. Submit a public service announcement to the local media outlets regarding the program and soliciting additional participants.	October 1, 2014 – December 31, 2014	- Programmatic Staff
4. Further develop the educational presentation to be specific to the beauty or barber shop and identify strategies for reducing, reusing, recycling and proper disposal of un-recyclable items.	January 1 – March 30, 2015	- Programmatic Staff
5. Schedule the educational session to discuss reduce, reuse and recycle measures and develop an action plan and timeline to complete behavior modifications. Provide the toolkit to compliment the implementation phase	March 1 – May 31, 2015	- Programmatic Staff
6. Implement proposed activities and measures.	June 1, 2015 – May 31, 2016	- Schools - School Officials
7. Provide technical assistance throughout the process.	Ongoing	- Programmatic Staff
8. Reassess the shops at the end of the implementation phase to ensure all modifications have been adequately addressed.	March 1 – May 31, 2016	- Programmatic Staff
9. Plan logistics of a beauty and barber environmental conference.	March 1 – May 31, 2016	- Programmatic Staff - Beauty and Barber Shops
10. Schedule client evaluation to assess the customers' perceptions and opinions of the modifications.	May 2016	- Programmatic Staff - Beauty and Barber Shops
11. Host a beauty and barber shop environmental conference.	June 2016	- Programmatic Staff - Beauty and Barber Shops
12. Collect quantitative and qualitative evaluation of the process.	Ongoing	- Programmatic Staff

The goals of this project are replicable and sustainable through the channel of integrating and partnering with long-standing community gatekeepers and entities. Partnership, collaboration and integration are the backbone of sustainability for our program. Working with these partners and utilizing new practices, methods and techniques helps to broaden the scope and diversify the audiences we are able to reach. The identified goals are action based and include an explicit behavior modification on the part of the participant. Participants will gain knowledge that transcends into a demonstration of greater understanding of issues that need to be addressed and stewardship measures. Our multi-faceted approach will address asthma and issues of waste minimization and health and environmental hazard reduction through the following activities (1) Increasing involvement in the local Asthma Coalition, (2) Creating a toolkit and educating school officials on being in compliance with state asthma policy guidelines and (3) Creating a toolkit and educating local beauty and barber shops using the popular reduce, reuse, recycle and rejoice theme. This approach will teach them about available alternatives to the harsh chemicals they use, teach them ways they can reuse items and encourage them to recycle.

Increased Capacity of Asthma Coalition: CCA PHF will utilize its extensive base of community and stakeholder partners to solicit additional Asthma Coalition members. In understanding the need to have all sectors of the community represented, we will strategize with ALA representatives to determine the sectors most underrepresented and begin recruitment for these organizations and individuals. However, one of our main focuses will be to garner active participation from non-traditional cohorts such as the beauty and barber shop owners, area

churches and local businesses. We will reach out to these entities through direct meetings and personal invitations as well public service announcements and flyers. Our MOA partners will also be serving on the coalition and will be a key catalyst for identifying and soliciting additional members. Through these connections we will increase the membership by at least twenty five new members as evidenced by attendance at meetings and involvement in coalition activities.

Policy Compliance with Schools: Through our collaboration with the Mississippi Tobacco-Free Coalitions, we have formed partnerships with the Hattiesburg and Forrest County School Districts. We will utilize these relationships as a means of recruitment as well as through direct contact with the teachers, principals and superintendents. Our initial method will be to contact the schools and schedule meetings with the teachers, nurses and principals to discuss our services and schedule presentations. We will contact every school in our districts within the first three months of the program. From these meetings we will identify and schedule at least ten, and possibly more, that are interested and willing to participate in the policy compliance sessions. The presentations will be conducted at a day and time that is convenient for the school officials, with anticipation that it will be in the 3pm-4pm time range. The educational presentation will last approximately 30 minutes and will detail why addressing and managing asthma and its triggers is pivotal to the health and academic success of the students. We will review in detail the components, mandates and recommendations of The Asthma Bill and how the schools can implement and comply with them. We will provide them with a toolkit and work with them to create a plan and timeline for compliance. During the implementation of compliance activities, we will provide technical assistance and the necessary resources that they need. We anticipate the implementation phase will last anywhere from 6-12 months and we will carefully document the process from the initial planning meeting until the plan is fully implemented.

Our major focus will be for each school to begin by identifying which students lack their asthma action plan and work to get those completed and on file. We will also work with the school nurses to ensure that asthmatic children are able to carry and utilize their medications when needed. And finally, we will provide the necessary funds or resources to ensure that all school officials receive the proper asthma educator training. From this point, it is likely that the plan of action will vary per school as each school may have different environmental triggers to address. With some it may be mold, while others may be using asthmagens chemicals. We understand that modifications and changes will be contingent upon and constrained by school budgets, however, increasing awareness and bringing issues that need to be addressed to the attention and forefront of those who can effect change is a first step in securing successful outcomes. Our focus per school will be increase their understanding of The Mississippi Asthma Bill, ensure that asthma action plans are on file, that school leaders are properly trained and that asthmatic children have immediate access to their medications. And then finally that the schools are identifying and addressing or planning to address allergens and asthma triggers.

Beauty and Barber Shops: A major asset to our program is the large number of beauty and barber shops in the Hattiesburg area. These shops became a social marketing place for Blacks after the Civil War. In this intolerant region of Mississippi these shops were one of the few businesses that Blacks could own. What was once hair being done or men's hair being cut (which originally took place outdoors on porches and later in the kitchen) has now become an enterprising and sustainable venture. What has remained consistent is the fact that shops are still a major hub for Black Social and civic life. It is our goal to tap into this expansive resource and

encourage Barber/Beauty Shops in African American neighborhoods to join a nationwide fight to make their shops, clientele and in-turn communities more environmentally safe and conscious.

Dr. Wayne Giles (Director of Disparities at CDC) has said, “We have to go where [they] are” and adds, “In many cases the best place is the [Beauty/] Barber Shop”. The idea of environmental education in Barber and Beauty Shops stems from years of quantitative, community based participatory research and the idea that trusted community members such as barbers and beauticians are good vehicles for disseminating accurate and evidence based health and environmental promotion messages. Beauty and Barber Shops were also identified by a recent article published by the Minnpost with a quote from Susan Mau Larson stating “Barbers are trusted messengers in their community, as they have been for generations, and their places of business are community gathering places.” We discussed earlier the pivotal role that “doing hair” has always played in the African American community as a place to socialize and exchange information. It is where people let their guard down and really discuss their lives, what’s going on in the community and unabashedly express opinions about various issues. And even some things that might be taboo to discuss at other locations can be talked about in the beauty and barber shop. It is also the one place that is common to all African American people and is a phenomenal resource for outreach, education and motivation.

Our programmatic activities will bring together many of Hattiesburg’s beauty and barber shop owners, managers and employees to provide education on waste minimization through teaching them to reduce, reuse, recycle and proper disposal of non-recyclable products. This intervention will create a healthier environment for the stylists and for the customers. Many of our intervention partners have signed letters of commitment, however, we will continue to recruit through word of mouth, public service announcements and flyers. Our neighborhood associations and elected officials will serve in recruitment assistance by connecting us with entities in these communities that can participate in the program. We will begin with meeting individually with each shop to conduct a brief 30 minute educational presentation and perform a Healthy Hair Salon Interview. Details of the presentation are in the developmental stages, however, a copy of the interview is included in the appendices. This interview will allow us to gauge their interest and willingness to participate as well as the risk level in regards to chemicals they use and safety practices and protocols that they engage in. Our goal is to identify at least ten sites willing to participate. Utilizing data collected during this initial visit, we will then provide a toolkit with recommendations for implementing healthier environmental practices and work with them over the course of the next 6-12 months to implement at least three changes. The toolkit will include general information about the chemicals they use on a daily basis as well as natural and safe alternatives. It will include statistical information on short term and long term exposure to these toxins as well as health and environmental implications. It will also provide several viable and economically feasible changes that they could implement. Although the toolkit is under development, these are some main focus areas. After implementation of the changes, we will follow-up with the shops at three and six month intervals to evaluate the effect of the process and practice modification. We will also assess a sampling of the shop’s customers at the six month interval. We will work with the beauty/barber owners to pick a day to sit in their shop and interview customers throughout the day regarding their opinion of the change, i.e. did they notice that a change had occurred and did it lessen their allergic reactions/asthma episodes associated with visiting the parlor, etc. This component of our work plan will culminate with a Beauty and Barber Environmental Conference that will feature experts in environmental

health as well as a session(s) with the participants detailing their experience and the impacts of the changes they made. The conference will be a daylong event. The beauty of this program is its sustainability. Once these changes are implemented they are in essence self-sustaining. Additionally, seeing positive outcomes and a possible increase in clientele is an encouragement for the owners, managers and employees to seek out other environmentally sound changes.

Program Sustainability: Program sustainability will be accomplished through a variety of measures including, but not limited to, integration of project components in other programs; continual seeking of funding from federal, state, local and philanthropic sources; and through our strategic partnerships. Integration of programmatic components creates a coordinated effort to accomplish the programmatic objectives. Although economic hardships may reduce the number of available grant opportunities, we will continue to apply for those that help us to further our mission and collective goals. Our strategic partnerships also enable us to create collaborative actions and a consensus based process ensuring sustainability through building long-term capacity to continue improving the local environment after the funding period has ended. We do not minimize fundraising and contributions to insure program sustainability however, in work such as will be done by this grant, the community served will most likely rely on volunteerism. It is of note that due to the changing priorities of funding agencies, little reliance is placed on continued government funding that would sustain most programs, but rather we hold fast to our organizational mission and goals. Through experience we have found that, more than anything, integration, rather than coordination, of our public health programs ensures continued delivery of services during lapses in funding. In the absence of funding we always continue to be a resource for technical assistance and capacity building.

V. ORGANIZATIONAL CAPACITY AND PROGRAMMATIC CAPABILITY

Caffee, Caffee and Associates Public Health Foundation, Inc. (CCA PHF) is a 501(c)(3) nonprofit organization founded in 1998 to address public health, cultural, social, and environmental issues in disparate populations and communities. *The mission of CCA PHF is to connect people and underserved communities to organizational and institutional resources to become advocates of their own health and well-being.* The organization is governed by a Board of Directors, managed by Executive Director/CEO Brenda Bell Caffee, and staffed by a team of professional, experienced public health and environmental advocates. We have experience in effectively managing large to medium grants, technical assistance projects, network creation and development and agency and state consultations including but not limited to:

- **The Environmental Protection Agency – Community Action for a Renewed Environment Program** to address the environmental and health issues identified as most pertinent by the target community/neighborhoods themselves and conduct focus groups to identify community concerns and their sources. These concerns are then ranked and prioritized by the community and advisors to determine what should be addressed during CARE Level II Funding.
- **Environmental Protection Agency – Environmental Justice Grant** to implement comprehensive strategies in underserved southern and rural populations to decrease exposure to secondhand smoke and other pollutants and provide individuals with the resources to be environmental advocates.
- For the past five years we have been funded by the **Mississippi State Department of Health** to facilitate the Mississippi Tobacco-Free Coalition of Forrest, Jones, Perry, Lamar, Marion, Smith and Covington Counties. Through this program we focus on tobacco

cessation and prevention efforts and addressing secondhand smoke exposure through programmatic and awareness activities within schools, churches, businesses and healthcare facilities. This work is accomplished primarily through networking these counties together to facilitate resource sharing. It is also through this program that we continue to support and work towards a comprehensive statewide ordinance by educating local municipalities on the health impacts of exposure to secondhand smoke.

- **National REACH Coalition – Community Transformation Grant** to increase awareness, promote cessation of tobacco use, increase healthy lifestyle behaviors, and decrease secondhand smoke exposure among African Americans in the South. The primary goals include increasing the number of municipalities with 100% smoke-free ordinances, the number of multi-housing units with smoke-free policies and the number of churches with tobacco-free grounds policies. As the prevalence and negative health effects of tobacco use are worsened in African American communities by mentholated cigarettes, it is our goal to educate communities and advocate for a FDA ban of menthol.
- **Action Communities for Health, Innovation and Environmental change (ACHIEVE) Program – National Association of Chronic Disease Directors** to engage all community sectors in holistic efforts to reduce chronic disease indicators and risk factors by working with all ages groups to address obesity and physical activity and the need for worksite wellness and church health ministries.
- As a subcontractor and facilitator of the Community Health Diabetes Program in the Mississippi Delta and Southern Mississippi, we conduct Project POWER workshops in the faith based community and host community forums that provide much needed education to African American women with type 2 diabetes and their caregivers. Participants who completed the workshop activities reported greater success in their self-management plans. This ongoing project is funded by REACH US: SEA-CEED, Medical University of South Carolina College of Nursing.
- We promote health parity as Mississippi's lead organization, chosen to assist the CDC REDHAI Project through the elimination of inequities for the Southern Region of CDC's Racial Ethnic Disparities in Health Action Institute (REDHAI) in partnership with the MSDH Office of Preventive Health. This movement is designed to increase the capacity of local communities through evidence based strategies.
- A CTG sub-grant recipient through My Brother's Keeper to disseminate and collect health assessments designed to gauge the health status, access to care and access to services of residents in Forrest, Clarke, Hancock, Harrison, Jackson, George, Stone, Pearl River, Greene, Perry, and Lamar Counties. We will work with our partners to disseminate at least 200 assessments per county and conduct comprehensive follow-ups to increase return rate.

Our history of managing large to medium grant projects includes timely and satisfactory reporting of achievements, outputs, and outcomes. Electronic as well as hard copy and bound reports (as requested) have been submitted to EPA and other funders on a quarterly and yearly basis. We have always completed, and in many cases exceeded, program goals and deliverables, while maintaining a reputation for being prompt with fiscal reporting and accountability on all projects. Completion and management of our grants is accomplished through a system of checks and balances. The Executive Director/Principal Investigator monitors all operational activities, financial expenditures and oversees senior staff. Through our hierarchal system, assistants, interns, volunteers and partners work directly with and answer to the senior staff. The quality assurance coordinator answers directly to the principal investigator and works in tandem with the

project director. Financial and programmatic reports are created on a monthly basis by the project director and reviewed by all senior staff for approval. Additionally, the quality assurance coordinator ensures that all deliverables are being accomplished per the scope and timeline and that funds are being expended per schedule. Regular meetings are held with the senior staff to discuss project and financial status as well as any necessary modifications.

VI. QUALIFICATIONS OF THE PRINCIPAL INVESTIGATOR OR PROJECT MANAGER

Principal Investigator, Brenda Bell Caffee's work with community and government agencies seeking cultural competence has gained international recognition. She led the California African American Tobacco Education Network in developing nationally recognized model community initiatives. She is an acclaimed national speaker/organizer/trainer and is a vanguard for social and environmental justice and racial/ethnic parity with over 25 years in public health. She is the creator of the "Not in Mama's Kitchen" (NIMK) secondhand smoke education and eradication program.

Program Manager, Cheree` Albritton holds a Bachelor of Science degree in Community Health Sciences from the University of Southern Mississippi, and a Master's degree in Public Health with an emphasis in Health Education. For nearly two years, she served as the Regional Coordinator for Smokefree Air Mississippi, an initiative designed to improve the health of all Mississippians by educating and advocating for smokefree public places. Cheree` has served as the Project Director for a Community Transformation Grant designed to reduce tobacco use among minors, increase cessation among African Americans to reduce the use and initiation of Menthol products and reduce secondhand smoke by working with local universities/colleges by establishing smoke-free or tobacco-free campuses, the Housing Authority to implement smoke-free multi-unit dwellings and local churches to develop "Tobacco-Free Holy Grounds" policies.

Program Assistant, Nicole Banks has experience in community engagement and organizing and is degreed appropriately for the position. She has a long term and established cultural connection and familiarity with the target community and/or population as being a resident of Hattiesburg. Additionally, she has years of experience in working with rural and underserved populations and an understanding of the health disparities that must be addressed to increase health outcomes among Mississippi's most blighted areas.

Quality Assurance Coordinator, Cassie Clinton has nearly a decade of experience in Office and Grant Administration with extensive experience in Computer Information Systems Technology and Microsoft Office Software. Cassie has worked as the administrative manager for several grants throughout her tenure at CCA since 2001.

VII. PAST PERFORMANCE IN REPORTING ON OUTPUTS AND OUTCOMES

CCA PHF has managed the following five federal and non-federal grants in similar size, scope, and relevance to this proposed project within the past three years:

The Environmental Protection Agency – Community Action for a Renewed Environment

- **Agreement #:** RE95487012
- **Project Title:** Mississippi CARES
- **Funding Amount:** \$100,000
- **Funding Agency:** Environmental Protection Agency CARE Program
- **Point of Contact:** William McBride

Environmental Protection Agency – Environmental Justice Grant

- **Agreement #:** EQ-00D10013
- **Project Title:** Mississippi Environmental Justice Advocates (MEJA)
- **Funding Amount:** \$30,000
- **Funding Agency:** Environmental Protection Agency Environmental Justice
- **Point of Contact:** William McBride

Mississippi Tobacco-Free Coalitions

- **Agreement #:** NA
- **Project Title:** Mississippi Tobacco-Free Coalition
- **Funding Amount:** \$244,500
- **Funding Agency:** Mississippi State Department of Health
- **Point of Contact:** Tiffany Johnson

National REACH Coalition – Community Transformation Grant

- **Agreement #:** NA
- **Project Title:** REACHing Greater Hattiesburg
- **Funding Amount:** \$112,500
- **Funding Agency:** National REACH Coalition
- **Point of Contact:** Cathy Morales

Action Communities for Health, Innovation and EnVironmental change (ACHIEVE)

- **Agreement #:** NA
- **Project Title:** ACHIEVEing Health in Mississippi
- **Funding Amount:** \$85,000
- **Funding Agency:** National Association of Chronic Disease Directors
- **Point of Contact:** Jennie Hefelfinger

CCA PHF has used the following chart, displayed below, to effectively track, measure and evaluate progress and successful completion of objectives on our EPA CARE and Environmental Justice grants as well as other grant programs. As this form has proven to be a viable resource and evaluation tool, we will utilize it again with information specific to this program.

Increase Capacity of Asthma Coalition					
Date of CCA PHF/ALA strategy meetings	Identified sectors not represented.	Outreach methods used to garner new members (PSAs, word of mouth, direct solicitation)	Database of new members added.	# of new members present at meetings.	Materials used and pictures (if applicable)
Date of I Love Lung strategy meetings with identified event manager.	Date and copy of event registration information with ALA.	Date of meetings with assigned ALA event coordinators	Event planning guide entries.	Event agenda, sign-in sheet, minutes, materials presented/used and pictures	Evaluation/feedback forms.
Policy Compliance with Schools					
Date of introductory meeting	# and title of participants	School name and location (include demographic	Compliance Status	Tentative date of educational session	Meeting agenda, sign-in sheet, minutes, materials

		information as possible)			presented/used and pictures
Date of Educational Session	# and title of participants	School name and location	Timeline and Action plan for agreed upon compliance measures/activities	Tentative date of reassessment.	Meeting agenda, sign-in sheet, minutes, materials presented/used and pictures
Beauty and Barber Shops					
Date of introductory meeting	# and title of participants	Beauty/Barber shop name and location (include demographic information as possible)	Identification of environmentally questionable products and practices currently in use.	Tentative date of educational session	Meeting agenda, sign-in sheet, minutes, materials presented/used and pictures
Date of Educational Session	# and title of participants	Beauty/Barber shop name and location	Timeline and Action plan for agreed upon behavior modifications.	Tentative date of reassessment and client interviews.	Meeting agenda, sign-in sheet, minutes, materials presented/used and pictures
Date of Client interview	# of client's interviewed	Client demographics and frequency of service.	Interview data	Pictures (as applicable)	
Date of environmental conference.	# of participants.	Name and title of sessions and presenters.	Event planning guide entries	Meeting agenda, sign-in sheet, minutes, materials presented/used and pictures	Evaluation/feedback forms.

Our approach to ensuring the timely and successful achievement of past programs, as well as the project objectives for this program includes utilization of this form, constant oversight and monitoring by the Principal Investigator with weekly report outs from project staff, as well as the Program Manager and assistant having an in depth understanding and close adherence to the project timeline and logic model. Project staff conduct ongoing and comprehensive documentation of activities, barriers and challenges, while revisiting the work plan on a daily basis to ensure that the deliverables are being met on schedule. To date, CCA PHF has always made progress and achieved the expected outputs and outcomes.

VIII. QUALITY ASSURANCE PROJECT PLAN (QAPP) INFORMATION

The Principal Investigator and Quality Assurance Coordinator will create the Quality Assurance Project Plan at the discretion and request of EPA.

IX. EXPENDITURE OF AWARDED GRANT FUNDS

We will ensure that grant funds are expended in a timely and efficient manner through various checks and balances including weekly monitoring by Program Manager and Administrative Personnel. Principal Investigator will be provided an update on a bi-weekly to monthly basis indicating activities completed and the coordinating funds expended and the remaining balance. Weekly planning meetings will include a detailed review of the budget status and an outline of the proposed and/or upcoming expenditures.